



## City Of Chula Vista Recreation Department

### Proposal To Establish Self-Sustaining Contract Program Activity

Proposed For: \_\_\_\_\_ Session: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ SS#: \_\_\_\_\_

Date: \_\_\_\_\_

The following is a proposal to provide the services described.

1) Title of class and type of services to be performed: \_\_\_\_\_

\_\_\_\_\_

2) General description/purpose of service/program/activity (for brochure purposes). If you have taught this class before and would like to use the same description, please do so: \_\_\_\_\_

\_\_\_\_\_

3) Prerequisites of participants (if any): \_\_\_\_\_

\_\_\_\_\_

4) Participant Fees:      Registration Fee:      \$ \_\_\_\_\_  
Adults (18 & older):      \$ \_\_\_\_\_  
Teens (13 – 17 years):      \$ \_\_\_\_\_  
Children (12 & under):      \$ \_\_\_\_\_

Note: Program Excludes: \_\_\_\_\_

5) Activity Details:

- A. Number of weeks \_\_\_\_\_ (to complete session)
- B. Number of weekly meetings \_\_\_\_\_: Number of hours/meetings \_\_\_\_\_
- C. Participants: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_
- D. Proposed Ages: Children \_\_\_\_\_ Teens \_\_\_\_\_ Adults \_\_\_\_\_
- E. Location, day and time proposed:

1<sup>st</sup> Choice: Location \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice: Location \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

3<sup>rd</sup> Choice: Location \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

This program/activity can be offered:

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ All Year \_\_\_\_\_

Note: Please attach any supplemental information or materials that further describe the program/activity or contractor.

(Over)

6) Basic qualifications/background of contractor (list training, experience, credentials, etc.): \_\_\_\_\_

\_\_\_\_\_

7) Materials/supplies furnished by contractor: \_\_\_\_\_

\_\_\_\_\_

8) Materials/supplies furnished by participants: \_\_\_\_\_

\_\_\_\_\_

9) Describe any certificates, certifications or achievements that participants may obtain at the conclusion of this program: \_\_\_\_\_

\_\_\_\_\_

10) Special instructions and/or other information pertinent to this program (Is storage space needed at the facility, type of clothing required, enter and leave at special location, etc.): \_\_\_\_\_

\_\_\_\_\_

11) Facility Requirements (i.e. mats, chairs, tables, blackboards, room size, etc. – be specific): \_\_\_\_\_

\_\_\_\_\_

12) Have you ever been convicted as an adult for any violation of the law? \_\_\_\_Yes \_\_\_\_No. If yes, provide dates, location(s) and penalties in the space below. Exclude traffic violations under \$150 and convictions more than two years old for violation of Health and Safety Codes 11357(b) or (c), 11360 (b), 11364, 11365, and 11550 as related to marijuana. Conviction is not necessarily a bar to a contractual agreement. Each case will be given individual consideration. Failure to list all convictions other than those excluded above may result termination of contract.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*It is my understanding that should the Recreation Department accept this proposal, a contract for services will be prepared for my signature. It is further understood that the program/activity details may be changed by mutual agreement of both parties. I further agree to abide by all administrative policies of the Recreation Department pertaining to contractual instructors. I understand that if a contract is approved, I will be fingerprinted by the City.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and submit to the center supervisor of your choice